

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SH	00245	6-18-98
O.I.P.E. CLASSIFIER		49	6/23/98
FORMALITY REVIEW		5813	6/2/98

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	9/7/99
2	11/1/99
3	1/31/00
4	1/31/00
5	1/31/00
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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